## P02000128965

(Requestor's Name)			
(Address)			
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Myriam Ca	rdama Printed or typed)	· · · · · · · · · · · · · · · · · · ·
	3669 Half 1	Moon Dr.	
	Orlando, FL.	<u>3,4812</u> State & Zip	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION Incompliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	02 DEC -5 AM 9: 55
The name of the corporation shall be:	i
Achiever's Publishing, Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  3669 Half Moon Dr.	· 
Orlando, Fl. 32812	
The purpose for which the corporation is organized is:	-
Newspaper Publishing	
ARTICLE IV SHARES The number of shares of stock is:	
160	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	_
musican Candama Pracident gerarde	D Pomales, Vice President Semoran Blud. #44
	, FL. 32822
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  Myriam Cardama  3669 Half Moon Dr.  Orlando, FL. 32812	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	
myriam Cardama	
	*********
Myriam Cardama 3669 Half Moon Dr.	
Myriam Cardama 3669 Half Moon Dr. Orlando, Fl. 32812 ***********************************	
Myriam Cardama 3669 Half Moon Dr. Orlando, Fl. 32812 ***********************************	
Myriam Cardama 3669 Half Moon Dr. Orlando, Fl. 32812 ***********************************	